

ISSUE NUMBER AND AREA (for additional cross references)

09/987,376

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	6	11-14-01
O.I.P.E. CLASSIFIER	AB	TC3-883	11-14-01
FORMALITY REVIEW	B2		11-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) ... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	5 9 6
Original	22 17 24
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
start additional sheet here

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